



Statewide Advisory Commission on Immunizations

Meeting minutes 5/31/23

- I. Attendees Members and Staff:
 - Monique Soileau-Burke (Chair), David Blythe, Yen Dang, Rebecca Carter, Aditya Chopra, Toby Gordon, Victoria McIntyre, Russell Lewis, Janaki Deepak, Debbie Busch, Dianna Abney, Elease Booker-Ragin (staff), Sara Vazer, Elizabeth Elliott
 - Special Guests: Dr. Betty Chou, Chair of Maryland Chapter of the American College of Ob/Gyns
 - Public Comment Guest: Mr. Mazer, Mark. M and Eszter Szabo
- II. Welcome and Introductions
 - Dr. Soileau-Burke called the meeting to order at 6:02 PM. Commission Members introduced themselves. Guests introduced themselves.
 - Dr. Soileau-Burke provided update on meeting with Dr. Kalyanaraman.
 - i. I was able to meet with Dr. Nilesh Kalyanaraman, the new Assistant Deputy Secretary of Health for the State of Maryland. I think for many of you might remember that we worked on a letter in the fall/spring, we were able to deliver that letter and really able to have a nice conversation. One important point was talking about the kind of preparation needed for upcoming immunizations and related changes. At our last meeting, we were able to have Jim Campbell, talk about potential immunizations that would be coming down the pike over the next few months. Some of the immunizations that we're going to be talking about tonight are immunizations that are going to be available to people who may not be in situations where they are giving immunizations on a regular basis.
 - Dr. Soileau-Burke introduces tonight's guest.
- III. RSV Vaccine Discussion with Chair of Maryland ACOG
 - Dr. Betty Chou, Chair of Maryland Chapter of the American College of Ob/Gyns
 - Dr. Soileau-Burke: leads discussion on the challenges and resources that Ob/Gyns might need to administer RSV vaccines.
 - Dr. Chou clarifies the need to have the American College of Ob/Gyns recommend the use of RSV vaccine for pregnant women in order for Ob/Gyns to feel comfortable offering the vaccines.
 - Discussion about similarities, differences and feelings about Tdap vs RSV vaccines.
 - Discussion about Medicaid, insurance and payees for RSV vaccines and administration.
 - Rebecca Carter: Concerned could be access issues for certain populations and the possibility of creating new health disparities with some OB practices offering this and others unable to support the infrastructure to have it.
 - Debbie Busch DNP, CPNP: Since the maternal vaccines are intended to protect the child. It would be great if vaccines for children covered the maternal vaccines as well because that's really the recipient of the vaccine.

- Dr. Soileau-Burke: Are hospitals joining VFC, are hospitals apart of the VFC Program?
- Victoria McIntyre -MDH-: We do have providers that are hospitals in our program. So that is a possibility and they do get hepatitis B from the VFC program. They have to be VFC eligible in most cases children who are born are still covered under that parental insurance for the first 30 days of life. In order to get a VFC vaccine that parent has to have medical assistance and that would make that child VFC eligible. If the parent has commercial insurance, the child is covered under the commercial insurance for the first 30 days of life, until they move on to something else.

IV. Upcoming PCV 20 Vaccine

- Dr. Soileau-Burke: The last thing that I wanted to talk about was the other vaccine. The PCV 20 that is going to become available, we actually have it in our office right now, we're just waiting for it to get the final, okay.
 - i. I think that this is a unique opportunity to really, to focus this on adults and pediatric populations because the PCV 20 is something that's going to be recommended for grandparents and kids. There's a dual market there that I think would be a real opportunity to discuss immunizations and maybe working with MDH on a campaign that would reach out to everybody. Dr. Dianna Abney – lots of providers do not offer adult vaccines. We need to make sure that providers and public know about vaccines, and encourage providers to stock and offer adult vaccines.
- Janaki Deepak: Medicare has made giving vaccinations difficult like in a pulmonary office, I'm not able to give pneumonia vaccine. That is the most ridiculous thing that Medicare has done. And all the socio-economic disparities that we are dealing with just gets maximized when you're not able to give the vaccines. Medicare has to really think about is to not make it difficult for our patients to get vaccines no matter which physician they see.
- Russell Lewis: Are you making the decision not to give it? For all patients or just commercial. How do you make that? Do you make a blanket decision? You have to give it like all and none the decision.
- Janaki Deepak: You're asking about PCV 20 in our specialist office. We are not allowed to give it. They took away all the vaccines from the specialist office because Medicare will not reimburse. So, every vaccine that we had flu and pneumonia has gone away and we are a tertiary care primary office, right? And we are not able to give the vaccines that are primary care.
- Monique Soileau-Burke: Well, I would like to form a subcommittee of this commission to kind of address these issues that we've talked about tonight. If you are interested right now just let me know and I'll take your name and we can talk about it later. Thank you.

V. Public Comment – Comments from Mr. Mazer, Mark M and Eszter Szabo

VI. Meeting Adjournment

- Commission meetings will continue quarterly, with evening meetings at or after 6 PM.
- Elease will send out meeting minutes and dates and time for our next commission meeting.